

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

APPLICANT(S)

09/539517

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	INO.	DEP.	INO.	DEP.	INO.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8	/					
9		/				
10		/				
11		/				
12		/				
13		/				
14	/					
15		/				
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL INO.	3					
TOTAL DEP.	17					
TOTAL	18					

	INO.		DEP.		INO.		DEP.	
	INO.	DEP.	INO.	DEP.	INO.	DEP.	INO.	DEP.
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL INO.								
TOTAL DEP.								
TOTAL								